## FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 2nd AMENDMENT IND. DEP. AFTER 1st AMENDMENT IND. DEP. AS FILED DEP. IND. DEP IND. DEP. TOTAL IND. ... ... . Į. ... TOTAL DEP. TOTAL CLAIMS All to B **新疆**

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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'U.S. GPC: 1998-443-553/89152